16 - Elizabeth Romein

REGISTRATION DISTRICT NO. DISTRICT NO. DISTRICT NO.							
REGISTERED 143	MEDICAL CERTIFICATE OF DEATH \$13.30						
DECEASED - NAME Elize	Romein			arch 2,1982			
TACE - (WHITE, BLACK, AMERICAN CINDIAN, ETC.) (SPECIFY)	LASY DAY (YRS) UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MO . DAY, YEAR) COUNTY OF DEATH				
4a. White	b.Dutch 5a.93	5b.	5c.	6. Oct. 4,1	388	7a. Kankakee	
7b Kankakee		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET OF OF HAST INDICATE DOS O					
STATE OF BIRTH (IF NOT IN	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)			NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. Illinois 9. U.S.A. SOCIAL SECURITY NUMBER USUAL OCCUPATION				11.			
357-30-4173	13a. Housewife			(YES/NO)		OR DATES OF SERVICE	
RESIDENCE STREET AND NUMBER		13b. OWAL TOURS		13c. NO 13d.		STATE	
14a. RR# 1 St. A	Anne 14b. St.	Anne	14c. No	14d.Kankak	ee	14e.Illinois	
FATHER - NAME FIRST	MIDDLE	A STORY OF THE PROPERTY OF THE	ER - MAIDEN NA		MIDDL	Aug.	
					VanderLee		
17a Clara VanderMeer 17c RR#1, St.Anne, Illinois 60964							
	S CAUSED BY:	ENTER ONLY ONE CAU	enterent control of			APPROXIMATE INTERVAL	
PART I.	MEDIATE CAUSE		ler'				
(a) advanced arteriescleratic Cardie ilasentar years							
WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDER- (b)							
							LYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF
(c)		Hill Harley	- ANNELSON			TYPA BEREITE	
Gralety mille				NIN PART I (a)	No No	IF YES, WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH	
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION							
20a 20b.							
DECEASED FROM	DAY, YEAR) IMONT	H, DAY, YEAR)	AND LAST SAW HIM	IMONTH, DAY,	YEAR)	HOUR OF DEATH	
21a. 9-	16-67 21b. 3	-2-82	2103 8-2-	32	1 1999	21d. 8:00 H. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE IS STATED. DATE SIGNED MONTH DAY, YEAR							
22a. SIGNÁTURE DO LOS ES DO LOS ES DO LOS ES DO MATO						ch 4,1982	
22c, M.G. Michel, M.D. 133 W. Station St., St. Anne, Illinois 60964							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH							
23. THE CORONER MUST BE NOTIFIED.							
REMOVAL (SPECIFY)	METERY OR CREMATORY -NA	0.1906	CITY ON		40	TE (MONTH, DAV. YEAR)	
24a Burial 24Dakwood Cemetery 24cSteAnne TWP, Illinois 24d March						March 4,1982	
25a. Houk Funeral Home 214 W. Sheffield St. St.Anne Illinois 60964							
FUNERAL DIRECTOR'S IGNATURE 250. 31-6999							
LOCAL REGISTRAR'S SIGNATURE DATERECO, BY LOCAL REGISTRAR IMONTH, DAY, YEAR)							
VR200 (REV. 1/78) (Hippis Derferment of Poten Health Office NAME) 26b. // (Arch 9 1982							
VR200 (REV. 1/78) Illinois Department of Public Health - Office of Vital Records (BASED ON 1878 & STANDARD CERTIFICATE)							